

ULTIMED HMO OF MICHIGAN, INC.  
STATE LOCAL GOVERNMENT



NAME & ADDRESS	PROVIDER ID	PROOF #	DATE PROOF REC'D	AMT OF PROOF	CLASS	DATE LTR SENT	APPROVED AMT	%	AMT TO BE PAID
OFFICE OF FINANCIAL & INSURANCE SERVICES PO BOX 30220 LANSING MI 48909-7720	38-6000134	13	4/25/2006	\$50,000.00	6	4/13/2007	\$0.00	0.00%	\$0.00
MICHIGAN DEPT OF TREASURY COLLECTION DIVISION OPERATIONS CENTER 7285 PARSONS DRIVE DIAMONDALE, MI 48921	38-6000134	1628	6/16/2006	\$42,608.86	6	4/11/2007	\$0.00	0.00%	\$0.00
CITY OF DETROIT, MUNICIPAL PARKING DEPT 660 WOODWARD AVE #1650 DETROIT MI 48226	38-6004606	3747	10/12/2006	\$740.00	6	4/13/2007	\$0.00	0.00%	\$0.00
<b>TOTAL</b>				<b>\$93,348.86</b>			<b>\$0.00</b>		<b>\$0.00</b>